

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/540,466</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	4						55					
6	4						56					
7	4						57					
8	4						58					
9	4						59					
10	4						60					
11	4						61					
12	4						62					
13	3						63					
14	3						64					
15	3						65					
16	3						66					
17	3						67					
18	3						68					
19	3						69					
20	3						70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
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30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	<i>2</i>		<i>1</i>				TOTAL IND.					
TOTAL DEP.	<i>53</i>	↓	<i>3</i>	↓			TOTAL DEP.					
TOTAL CLAIMS	<i>66</i>		<i>4</i>				TOTAL CLAIMS					